

May 5, 2003

Re: MDR #: M2-03-0719-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to _____ for an independent review. _____ has performed an independent review of the medical records to determine medical necessity. In performing this review, _____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesiology and Fellowship Trained in Pain Management.

Clinical History:

This female claimant complained of back pain radiating to the left leg, mainly to the calf, following a work-related injury on _____. Physical examination on 09/27/02, documented a positive straight-leg raising test on the left. Three epidural steroid injections failed to produce significant or sustained relief.

Lumbar MRI on 07/15/02 demonstrated central annular tear at L4-5, as well as central left annular tear at L5-S1, with minimal disc protrusions at both levels. Normal discs were noted at L1-2, L2-3 and L3-4. Facet injections on the left at L4-5 and L5-S1 provided no pain relief.

Lumbar discograms on 12/12/02 revealed that the patient had lumbar pain radiating to both legs at the level of the calf, worse on the left side. Degenerative disc changes at L2-3, L3-4, L4-5 and L5-S1 with pain provocation at every disc, worse at L4-5, were revealed. The pain provocation was to the low back and right leg at L4-5 and L5-S1, and to the low back and mid-lumbar region at L2-3 and L3-4.

Disputed Services:

L4-5 IDET.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that IDET is not medically necessary in this case.

Rationale for Decision:

Nationally and generally accepted criteria for performance of the IDET procedure are not met by this because she has radicular symptoms with a positive straight-leg raise test on examination, and the discogram demonstrated pain at every level tested, with the most severely concordant pain occurring in the low back and radiating down the right leg.

Exclusion criteria would include complaints of leg pain and multiple levels of disc involvement.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on May 5, 2003.

Sincerely,